

## STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

121 South Fruit Street Concord, NH 03301

Webpage: <a href="http://www.state.nh.us/nursing">http://www.state.nh.us/nursing</a> TDD Access: Relay NH 1-800-735-2964

Nursing Assistant 603-271-6282

Dear Nursing Assistant Licensee:

Your nursing assistant license renewal has been selected by the computer for audit regarding completion of continuing education/contact hours. The requirements are as listed:

For LNA's, 12 contact hours, for each year (for a total of 24 hours), prior to the date of your renewal application. For LNA's who are certified as Medication Nursing Assistants (MNA's), 4 of the 12 required contact hours must be related to medication administration.

To assure timely renewal of your license, please provide the information requested on the attached Licensed Nursing Assistant Continuing Education Audit form and return the form, with your renewal, to the Board office immediately.

Your license will be updated upon receipt of your renewal application and approval of your contact hours.

If your renewal application and audit forms are not received in the Board office before midnight of your birth date, your license will become inactive and you will be practicing without a valid license. At this time you will be required to reinstate your license, and pay an administrative fee if practicing during licensure lapse.

Thank you in advance for your participation in assuring that New Hampshire nursing assistants provide current nursing assistant knowledge, judgment and skills to the citizens of New Hampshire.

For the New Hampshire Board of Nursing.

Fax. 603-271-6605



## STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

121 South Fruit Street Concord, NH 03301

Webpage: <a href="http://www.state.nh.us/nursing">http://www.state.nh.us/nursing</a> TDD Access: Relay NH 1-800-735-2964

Nursing Assistant 603-271-6282 Fax 603-271-6605

## LICENSED NURSING ASSISTANT CONTINUING EDUCATION AUDIT

Please list <u>12 Contact Hours</u> of continuing education for each year (a total of 24 hours) prior to this renewal/reinstatement or endorsement application.

DATE	COURSES, ACTIVITIES, INDIVIDUALIZED LEARNING	PERSON/ORGANIZATION THAT PROVIDED THE EDUCATIONAL OFFERING	NUMBER OF CONTACT HOURS*
		TOTAL HOURS	12
TOTAL HOURS			

Individualized learning courses must have some method of verifying that the course was completed. All educational offerings must:

- Have specific objectives that guide the learning
- Pertain to and enhance the licensee's knowledge, skills and judgment
- Pertain to the licensee's scope of practice

I affirm the above information is accurate to the best of my knowledge and belief. I understand knowingly providing False information may be grounds for disciplinary action (RSA 326-B:12).

PLEASE PRINT YOUR NAME HERE:	LICENSE NUMBER:	DATE:
	SIGNATURE:	

<sup>\*</sup>One Contact Hour = 60 minutes of organized learning.